PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10/57379/ | | | | |
|---|--|---|---------------------------------|-----------------------------------|-------------------|------------------|-------------------|-------------|------------------------|----------------------------|---------------------|------------------------|
| · CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | TITY | OTHER THAN OR SMALL ENTITY | | |
| U.S | . NATIONAL : | STAGE FEES | | | | | RATE FE | | | RATE | FEE | |
| BASIC FEE | | | | | | | BASI | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | EXAM. FEE | | | (| EXAM. FEE | 200 |
| SEARCH FEE | | | - | | | | SEAI | RCH FEE | | i | SEARCH FEE | 460 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = X \$ | | \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 32 minus 20 = * / | | | 2 | X | \$ 25 = | | OR | X \$ 50 = | 600 |
| INDEPENDENT CLAIMS | | | 2 minus 3 = * | | | <u>-</u> | X \$ 100 = | | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | + \$ 180 = | | | OR | + \$ 360 = | |
| * If | the difference | e in column 1 is | less than zero, enter "0" in co | | | lumn 2 | 7 | | OR | TOTAL | 1500 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | MALL E | ENTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X | \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | * | Minus | *** | | = | X : | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + : | 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. | | | | | | | | | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | n 2) | (Column 3) | | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | ST SER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | X | \$ 25 = | | OR | X \$ 50 = | |
| AMENDM | Independent | * | Minus | *** | | = | X | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | SENȚATION OF N | ULTIPLE DI | EPENDENT C | LAIM | | + 5 | \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | AL ADDIT. | | OR | TOTAL ADDIT. | |
| | | | | | | | | | | | | |
| * | If the enter in cal | umn 1 in loss that the | o onto in anto | mn 2 write "O" i- | 3 00l | . 2 | | | | | | |
| ** | If the "Highest N | umn 1 is less than th umber Previously Pa umber Previously Pa | id For" IN THIS | S SPACE is less | than '2 | 0', enter "20". | | | | | | |
| | | mber Previously Pai | | | | | in the app | ropriate be | x in column | 1. | | |